

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.
ATTORNEYS AT LAW

767 THIRD AVENUE, NEW YORK, N.Y. 10017-2023

Express Mail Mailing Label
No.: EV 366 565 553 US

Date of Deposit: February 26, 2004

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450


Barbara Villani

Attorney Docket No. 04117 /LH

22141 U.S. PTO
10/789497



Commissioner for Patents
P.O. Box 1450,
Alexandria, VA 22313-1450

Pursuant to 37 CFR 1.53(b), transmitted herewith for filing is the patent application of

Inventor(s): Takao KUROHATA of Tokyo, Japan
Yoshihisa KAMATA of Tokyo, Japan
Minoru ASAKAWA of Tokyo, Japan

Title: "IMAGE PRINTING APPARATUS"

Priority Claim (35 U.S.C. 119) is made, based upon:

Japan No. 2003-055501 filed March 3, 2003

ASSIGNMENT INFORMATION FOR PUBLICATION:
KONICA MINOLTA HOLDINGS, INC.
Tokyo, Japan

Enclosed herewith are:

- ☒ Specification (Description, Claims, Abstract): Pages 1 - 48 ; Number of claims 1 - 30
- ☒ Declaration and Power of Attorney ☒ executed; ☐ unexecuted (supplied for information purposes)
- ☒ 11 Sheets of drawings, Figures 1 - 11B ☒ Formal ☐ Informal
- ☒ Assignment and "Patents" Recordation Form Cover Sheet (PTO-1595) AND \$40. RECORDATION FEE.
- ☒ Certified copy of priority document identified above
- ☐ Information Disclosure Statement; ☐ Form PTO/SB/08A
- ☐ Preliminary Amendment
- ☒ Change of Correspondence Address (Form PTO/SB/122)
- ☒ Receipt Postcard

	Number Filed		Number Extra	Rate	Calculations
Total Claims	<u>30</u>	-20 =	<u>10</u>	x \$18.00 =	\$ <u>180.00</u>
Independent Claims	<u>3</u>	-3 =	<u>0</u>	x \$86.00 =	\$ <u>0.00</u>
MULTIPLE DEPENDENT CLAIMS				+ \$290.00 =	\$ <u>290.00</u>
				BASIC FEE	\$ <u>770.00</u>
				Total of above Calculations	\$ <u>950.00</u>

To the extent not tendered by check, authorization is given to charge any fees under 37 CFR 1.16 and 1.17 during pendency of the application, or to credit any overpayment, to Deposit Account No. 06-1378. Duplicate copy of this letter is enclosed.

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.

By: 

LEONARD HOLTZ
Reg. No. 22,974

LH:bv

12/00

Please type a plus sign (+) inside this box → [+]


PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	
	Filing Date	Herewith
	First Named Inventor	KUROHATA
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	04117/LH

Please change the Correspondence Address for the above-identified application to:					
<input checked="" type="checkbox"/> Customer Number 01933					
<input type="checkbox"/> Firm or Individual Name		FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.			
Address		767 Third Avenue - 25th Floor			
Address					
City	New York	State	NY	ZIP	10017-2023
Country	U.S.A.				
Telephone	(212) 319-4900		Fax	(212) 319-5101	
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or Agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.</p>					
Typed or Printed Name		LEONARD HOLTZ, Registration No. 22,974			
Signature					
Date		February 26, 2004			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.					

☐ Total of ____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: st Commissioner for Patents, Washington, DC 20231.